



(Assistant Examiner) (Date)

Legal Instruments Examiner (Date)

Stephen R. Crow
Primary Examiner

(Primary Examiner) _____ (Date) _____

Total Claims Allowed:

O.G.
Print Claim(s)

O.G.
Print Fig.

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47		
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original
	1			31			61				121		151			181
	2			32			62				122		152			182
	3			33			63				123		153			183
	4			34			64				124		154			184
	5			35			65				125		155			185
	6			36			66				126		156			186
	7			37			67				127		157			187
	8			38			68				128		158			188
	9			39			69				129		159			189
	10			40			70				130		160			190
	11			41			71				131		161			191
	12			42			72				132		162			192
	13			43			73				133		163			193
	14			44			74				134		164			194
	15			45			75				135		165			195
	16			46			76				136		166			196
	17			47			77				137		167			197
	18			48			78				138		168			198
	19			49			79				139		169			199
	20			50			80				140		170			200
	21			51			81				141		171			201
	22			52			82				142		172			202
	23			53			83				143		173			203
	24			54			84				144		174			204
	25			55			85				145		175			205
	26			56			86				146		176			206
	27			57			87				147		177			207
	28			58			88				148		178			208
	29			59			89				149		179			209
	30			60			90				150		180			210